

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16939

1. PLACE OF DEATH

79 County Newton
2 Township Granby
6 City Granby (No. 2555)

Registration District No. 14
Primary Registration District No. 5516

File No. 22
Registered No. 31
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, . 5 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Missouri

13. NAME W. L. Scritchfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Grace Murray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT W. L. Scritchfield
(ADDRESS) Granby Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cem DATE 5/20 1932

19. UNDERTAKER Bryant
(ADDRESS) Granby Mo

20. FILED 5-20-1932 W. F. Rolens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1932
22. I HEREBY CERTIFY, That I attended deceased from May 19 1932 to May 20 1932
I last saw him alive on May 19 1932 Death is said to have occurred on the date stated above, at 49 m.

The principal cause of death and related causes of importance were as follows:

Premature birth
6 1/2 mo
159

Other contributory causes of importance: 159

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? (1)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. F. Rolens, M. D.
(Address) Granby Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 24 1932

